

## Siberian Husky Club of America Trust Health Rescue Education

## **Rescue:** Grant Application Form

The completion of this application does not guarantee that you and/or your organization will receive any grant money. The Trust has the right to deny or approve all grants on an individual and yearly basis. Receiving grant money in one year does not mean that you and/or your group will be funded in subsequent years. After reviewing this request, if the Trust feels that they need additional information, you will be contacted. The additional information must be provided before any grants are considered.

Name of Entity		
Contact	Name	
Address		Please advise if check is to be sent to an alternate address.
Telephor	ne E-mail	Tax ID
Type of F Spay/I	Request Neuter Grant	Amount \$
•	Request for up to 10 spay/neuters at \$50 each per year Special circumstances up to \$125 per incident (include Attach invoice from vet/shelter/clinic for each request Include a photo and brief description of each dog in appattachment.	explanation).
Emerg	gency Medical Grant	Amount \$
•		
Huma	nitarian Grant/Special Medical Grant	Amount \$
•	Please see Rescue web page for specific criteria.	
Other		Amount \$
•	Attach written request and all pertinent information.	
Name, Po	osition, and Signature of Applicant	Date
Re	eturn all completed forms to the address on SHCA Trust	Website Rescue page.